

Lesson Objectives

TRICARE For Life

After this lesson, you should be able to:

- Recognize who is eligible for TRICARE For Life
- Understand Medicare Part B enrollment requirements
- Explain how TRICARE and Medicare payments work
- Describe how TRICARE For Life works overseas
- Understand the differences between Skilled Nursing Facilities and Long-Term Care



What is Medicare?

A health insurance program for:

- **People 65 years of age and older**
- **People under age 65 with certain disabilities**
- **People with End-Stage Renal Disease (ESRD)**

Medicare is managed by Centers for Medicare & Medicaid Services (CMS)

- Enrollment is managed by the Social Security Administration (SSA) or Railroad Retirement Board (RRB)



Medicare Basics

Part A Hospital Insurance	Part B Medical Insurance	Part C Medicare Advantage Plan	Part D Prescription Drug Coverage
<ul style="list-style-type: none">• Inpatient hospital care• Skilled nursing care• Home health care• Hospice care	<ul style="list-style-type: none">• Doctors' services and outpatient care• Preventive services• Diagnostic tests• Some therapies• Durable medical equipment	<ul style="list-style-type: none">• Combines Part A, Part B, and, sometimes, Part D• Coverage managed by private insurance companies approved by Medicare.	<ul style="list-style-type: none">• Outpatient prescription drugs

A Bit of History

Before October 2001

TRICARE beneficiaries who became entitled to premium-free Medicare Part A based on age, would:

- Lose their TRICARE-eligibility
- Only have access to health care in military treatment facilities on a space-available basis

National Defense Authorization Act for Fiscal Year 2001*

- Restored TRICARE medical and pharmacy benefits to all Medicare-TRICARE eligible uniformed services retirees, their family members and survivors, effective October 1, 2001
- The benefit is know as TRICARE For Life

*Public Law 106-398, Section 712



What Is TRICARE For Life?

- TRICARE For Life (TFL) is a TRICARE option that offers Medicare-wraparound coverage by acting as a second payer to Medicare.
- TFL minimizes the Medicare-TRICARE beneficiary's out-of-pocket expenses (similar to a Medicare supplement)



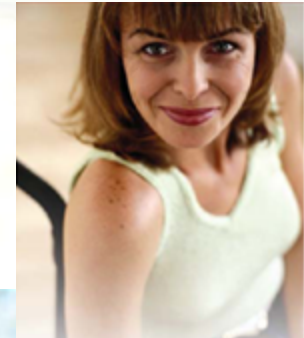
Who Is TRICARE For Life For?

TRICARE For Life (TFL) is for Medicare-TRICARE beneficiaries who are:

- Entitled to premium-free Medicare Part A;
- Enrolled in Medicare Part B (if other than an active duty family member)

Myth: TFL is only for TRICARE beneficiaries 65 and older.

Fact: TFL is for TRICARE beneficiaries entitled to Medicare Part A based on **age, disability, or end stage renal disease.**



TRICARE For Life

Medicare Part B Rule

- Federal law requires TRICARE beneficiaries eligible for premium-free Medicare Part A to have Medicare Part B to remain TRICARE-eligible.
- But for every rule, there's an exception...
 - Active duty family members entitled to premium-free Medicare Part A, don't have to have Medicare Part B until their sponsor retires.



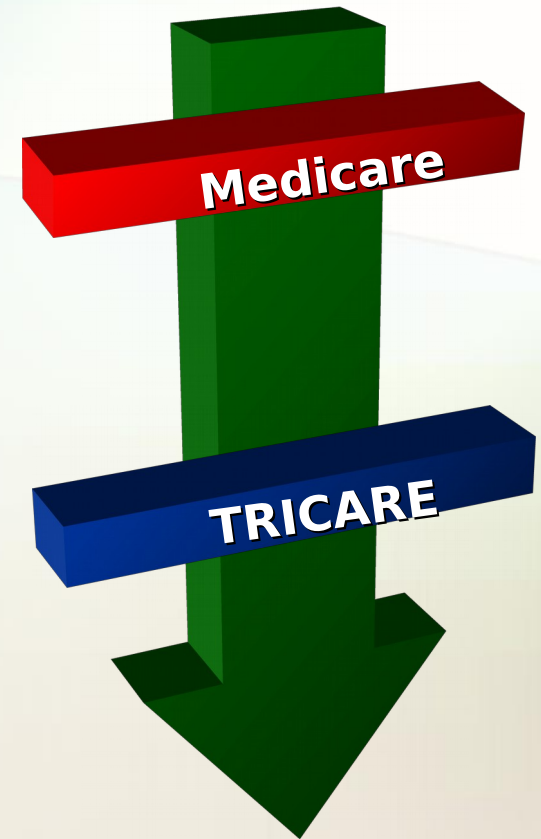
How TFL Works With Medicare

Step 1: Beneficiary goes to a Medicare provider

Step 2: Provider files claim with Medicare

Step 3: Medicare pays its portion and electronically forwards the claim to the TRICARE For Life (TFL) claims processor

Step 4: TFL pays the provider directly for TRICARE-covered services



How TRICARE For Life (TFL) Works with Medicare

Services covered by **both Medicare and TRICARE**

- Medicare pays first and TRICARE For Life (TFL) pays the beneficiary's remaining Medicare

Example: Doctor Visit

Medicare pays 80%

TRICARE pays 20%

Beneficiary pays \$0



How TRICARE For Life (TFL) Works with Medicare

Services covered by TRICARE but **not by Medicare**

- TRICARE For Life (TFL) pays first and Medicare pays nothing
- Beneficiary is responsible for paying the TRICARE fiscal year deductible and cost share
 - Deductible \$150/person or \$300/family
 - The provider's network status determines the beneficiary's cost share
 - Network provider 20% cost share
 - Non-network provider 25% cost share

Examples: Overseas care, shingles vaccine



How TRICARE For Life (TFL) Works with Medicare

Services covered by Medicare but **not by TRICARE**

- Medicare pays first and TRICARE For Life (TFL) pays nothing
- Beneficiary is responsible for paying the Medicare deductible and coinsurance

Example: Chiropractic Services

Medicare pays 80%

TRICARE pays \$0

Beneficiary pays 20%



How TRICARE For Life (TFL) Works with Medicare

Services **not covered by either Medicare nor TRICARE**

- Medicare and TRICARE For Life (TFL) pay nothing
- Beneficiary is responsible for the entire bill

Example: Cosmetic surgery

Medicare pays \$0

TRICARE pays \$0

Beneficiary pays

100%



How TRICARE For Life (TFL) Works with Medicare

Step 1: Beneficiary goes to a Medicare provider

Step 2: Provider files claim with Medicare

Step 3: Medicare pays its portion and electronically forwards the claim to the other health insurance (OHI)

Step 4: Beneficiary files a paper claim with the TRICARE For Life (TFL) claims processor

Step 5: TFL pays TRICARE's portion of the claim directly to the beneficiary



TRICARE For Life Overseas

TRICARE beneficiaries who live overseas must meet the same requirements as TRICARE beneficiaries who live in the United States...they need to be enrolled in Medicare Part B.

- **TRICARE For Life provides the same level of coverage overseas as provided to TFL beneficiaries living in the United States.**



TRICARE For Life Overseas

- TRICARE For Life (TFL) is the primary payer for health care services received overseas since Medicare **doesn't** cover care received outside of the United States or its territories.

- TFL overseas beneficiaries are responsible for meeting the TRICARE deductible of \$150 individual/\$300 family plus a 25% cost share.

Example: Overseas doctor's visit

Medicare pays \$0

TRICARE pays 75%

Beneficiary pays 25%



How TRICARE For Life Works Overseas

Step 1: Beneficiary goes to a host nation provider

Step 2: Beneficiary pays provider upfront

Step 3: Beneficiary files a claim with the TRICARE overseas claims processor

Step 4: TRICARE For Life reimburses the beneficiary 75%



Skilled Nursing Facility Care

What is skilled care?

Skilled care is health care given when patients needs skilled nursing or rehabilitation staff to manage, observe, and evaluate their care.

- Examples of skilled care include:
 - Physical therapy
 - Insertion, sterile irrigation, and replacement of catheters
 - Intravenous or intramuscular injections and intravenous feeding
- Skilled nursing and rehabilitation staff includes:
 - Registered nurses
 - Physical and occupational therapists
 - Licensed practical and vocational nurses
 - Speech-language pathologists
 - Audiologists



Skilled Nursing Facility Care cont.

Skilled care is given in a skilled nursing facility (SNF).

- A SNF can be part of a nursing facility or hospital.
- Medicare certifies these facilities if they have the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.



Skilled Nursing Facility Care cont.

Medicare and TRICARE for Life will cover skilled care if the beneficiary:

- Requires daily skilled services which can only be provided in a skilled nursing facility
- Was admitted as an inpatient in a hospital at least 3 consecutive days or more, not counting the day the beneficiary leaves the hospital
- Is admitted to a SNF within 30 days after leaving the hospital
- Receives care for a condition that was treated in the hospital
- The facility must be a Medicare participating SNF and must enter into a participation agreement with TRICARE



Skilled Nursing Facility Care Payment

	Medicare Pays	TRICARE Pays	Beneficiary Pays
Days 1-20	100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE
Days 21-100	All but \$128/day ¹ copay each benefit period ⁵	\$128/day copay	Nothing for services paid by Medicare and TRICARE
Days 101+	Nothing	Network Skilled Nursing Facility: Negotiated charges minus your copay/cost shares for institutional and professional charges Non-Network: Skilled Nursing Facility TRICARE allowed amount minus your cost shares for institutional and professional charges	Network Hospital Skilled Nursing Facility \$250/day copay or a 25% cost share of total negotiated institutional charges, whichever is less, <u>plus</u> a 20% cost share for separately billed negotiated professional charges Non-Network Skilled Nursing Facility 25% cost share of the TRICARE allowed amount for institutional charges, <u>plus</u> a 25% cost share of the TRICARE allowed amount for separately billed professional charges
¹ These Medicare amounts are for 2008, and may change on January 1 st of each year.			



Long-Term Care

What is long-term care?

Long-term care is a type of care beneficiaries may need if they can no longer perform everyday tasks ("activities of daily living") by themselves due to a chronic condition or cognitive impairment, like Alzheimer's disease.

- Long-term care can be given in a variety of settings, including assisted-living facilities, adult day care centers, or nursing homes.
- Examples of long-term care include:
 - Bathing
 - Eating
 - Getting dressed
 - Transferring from a bed to a chair



Long-Term Care cont.

Long-term care isn't covered by Medicare or TRICARE.

- Beneficiaries interested in long-term care coverage can:
 - Contact commercial companies that provide long term care coverage.
 - Call 1-800-Medicare (1-800-633-4227) and request a copy of "Choosing Long-Term Care; A Guide for People with Medicare" (CMS publication #02223).



Claims Processing

Wisconsin Physician Services (WPS), the TRICARE For Life contractor, processes TRICARE For Life (TFL) claims.

Beneficiaries may call WPS TFL from 7a.m. to 10p.m. central time Monday through Friday at (866)773-0404 or TDD at (866)773-0405.

Beneficiaries can visit the WPS TFL website at www.tricare4u.com.



Summary

Congratulations, you've finished TRICARE For Life!

You should now be able to:

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